

## State of California Secretary of State

## Z

## **Statement of Information**

(Domestic Nonprofit, Credit Union and Consumer Cooperative Corporations)

Filing Fee: \$20.00. If this is an amendment, see instructions. IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME						
2.	CALIFORNIA COR	PORATE NUMBER			This Space for F	iling Use Only
Complete Principal Office Address (Do not abbreviate the name of the city. Item 3 cannot be a P.O. Box.)						
$\vdash$		F PRINCIPAL OFFICE IN		CITY	STATE	ZIP CODE
4.	MAILING ADDRESS C	F THE CORPORATION		CITY	STATE	ZIP CODE
Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)						
5.	CHIEF EXECUTIVE O		ADDRESS	CITY	STATE	ZIP CODE
6.	SECRETARY		ADDRESS	CITY	STATE	ZIP CODE
7.	CHIEF FINANCIAL OF	FFICER/	ADDRESS	CITY	STATE	ZIP CODE
Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 9 must be completed with a California street						
address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 9 must be left blank.						
NAME OF AGENT FOR SERVICE OF PROCESS						
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9.	STREET ADDRESS O	F AGENT FOR SERVICE	OF PROCESS IN CALIFORNIA, IF A	AN INDIVIDUAL CITY	STATE	ZIP CODE
Common Interest Developments						
10. Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest						
Development Act, (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act, (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as						
required by California Civil Code sections 5405(a) and 6760(a). Please see instructions on the reverse side of this form.						
11. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.						
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_	DATE	TYPE/PRINT NAME OF	PERSON COMPLETING FORM	TITLE	SIGNATURE	
SI-100 (REV 01/2014)  APPROVED BY SECRETARY OF STATE						